EDI INFORMATION REQUEST

(Read definitions and instructions in Appendix B at http://www.hud.gov/offices/hsg/comp/edi/edi.cfm before completing form)

Check the mortg	gage insurance ap	pplication this inf	ormation applies to	(Check transacti	on type and standards ve	ersion).	
☐ Claims (TS 260/820/824)		□ De	☐ Defaults (TS 264/824)		☐ MRC/Terminations (TS 266/824)		
(Check only one) (Ch		(Check	eck only one)		(Check only one)		
☐ Standards Version 004040			☐ Standards Version 004040		☐ Standards Version 004040		
☐ Standards Version 004010 ☐ Standards Version 003032			☐ Standards Version 004010 ☐ Standards Version 003032		☐ Standards Version 004010		
☐ Standards V	ersion 003032		indards Version 00	13032	☐ Standards Version	1 003042	
Complete the fo	llowing:						
Organization Name					DI.		
Contact Name							
Address							
City					StateZi	p	
Email							
Date that you would like to start sending Production Data: (mm/dd/yyyy)							
•			send and receive EI				
Service Bureau Name							
Contact Name					none		
Address							
City					State Zi	ip	
Email							
Complete this section if using a VAN to send and receive EDI transactions:							
Name of VAN:							
For Inbound document submission to HUD: Please fill-in the values for ISA05, ISA06, and GS02 in the appropriate row.							
Transaction	ISA Sender	ISA Sender	ISA Receiver	ISA Receive	r Group	Group	
Set	Qualifier	ISA06	Qualifier	ISA08	Sender ID	Receiver ID	
TS 260	ISA05		ISA07 ZZ	9999609999	GS02	GS03 9999609999	
TS 264			ZZ	9999609999		9999609999	
TS 266			ZZ	9999609999		9999609999	
To be completed by HUD after approval:							
Date Trading Partner can begin sending EDI Production Data: (mm/dd/yyyy)							
Return this form: By FAX to HUD EDI Help Desk (301) 731-1384							
Dy I'm to Hob Edition Dosk (601) 761-1607							
	1	f you have any	y questions call 1-	-800-HUD-4EI	OI (1-800-483-4334)		
	I		y questions call 1- Electronic Data Int		DI (1-800-483-4334)		

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